



PATRICIA S. PLOEHN, LCSW  
Director

**County of Los Angeles**  
**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

425 Shatto Place, Los Angeles, California 90020  
(213) 351-5602

October 23, 2007

To: Supervisor Zev Yaroslavsky, Chairman  
Supervisor Gloria Molina  
Supervisor Yvonne B. Burke  
Supervisor Don Knabe  
Supervisor Michael D. Antonovich

**Board of Supervisors**

GLORIA MOLINA  
First District

YVONNE B. BURKE  
Second District

ZEV YAROSLAVSKY  
Third District

DON KNABE  
Fourth District

MICHAEL D. ANTONOVICH  
Fifth District

From: Patricia S. Ploehn, Director

**SEPTEMBER 26, 2006 BOARD ITEM # 18: SKID ROW ASSESSMENT TEAM**

On September 26, 2006, the Board of Supervisors discussed recommended expenditures for the Housing and Homeless Program Funds. The expenditures included funds to support the Skid Row Assessment Team (SRAT) and the administrative staffing items required to fulfill the Protocols and Procedures passed by the Board the same day. During the discussion, Supervisor Yaroslavsky instructed the Department of Children and Family Services (DCFS) to submit a report every 60 days to ensure that the activities of the Skid Row Assessment Team remain within the law (i.e., as it applies to child protective services) and that the team is not detaining children inappropriately. In the report, services would be summarized using numbers and percentages. Additionally, the Department was instructed to report back in 12 months with an overall assessment on the impact of the SRAT, specifically in terms of improving the outcomes for children and families. Recommendations were also to be made regarding whether the temporary items should become permanent.

This is the fifth recurring 60-day report and covers the year in review. The report will further be broken down into the following areas: Referrals and Detentions, Families Encountered, Skid Row Demonstration Project (SRDP), Skid Row Protocols and Recommendations.

**Referrals and Detentions**

The table below shows the number of referrals and detentions from the Skid Row area for the period of October 2006 through August 2007. A review of the data indicates that the SRAT is not making excessive referrals to the Child Protection Hotline, and that the investigations of child abuse have not resulted in excessive detentions and removals of the children from their homes.

*"To Enrich Lives Through Effective and Caring Service"*

Month	Total Referrals*	SRAT Referrals (Sub-Total)	Total Children*	Referrals made on existing case	Referrals resulting in new case	Total Children detained	% of County Detentions for this month **
Oct. '06	36	13	127	10	10	21	2.54
Nov. '06	15	10	53	1	0	3	.36
Dec. '06	12	9	47	1	2	2	.30
Jan. '07	12	5	35	3	4	8	.94
Feb. '07	10	6	16	2	1	2	.30
March 07	12	8	25	0	1	0	0
April '07	9	2	19	3	0	0	0
May '07	12	6	20	1	1	2	.21
June '07	7	4	18	0	0	0	0
July '07	6	1	24	1	1	0***	0
August '07****	14	4	18	1	2	3	.37
Totals	145	68	402	23	22	41	.44

- 1) \* Please note that the Total Referrals column represents the number of families. The Total Children column refers to the total count of children within those families for which referrals were made.
- 2) \*\* Percentage is an estimate and may change slightly in the next few months as information is finalized on CWS/CMS
- 3) \*\*\* Note - two children were placed through the Voluntary Family Reunification program.
- 4) \*\*\*\* Note - not all of the investigations of the August referrals have been concluded as it is still within 30 days of the referral date(s).

## Families Encountered

The following table is submitted in order to inform your Board of the numbers of new families encountered by SRAT on Skid Row since the inception of the project. This table covers new families encountered by SRAT from January 18, 2005, through August 29, 2007.

Location	Jan. 05 - Sept. 06	Oct 06	Nov. 06	Dec. '06	Jan. 07	Feb. '07	March 07	April 07	May 07	June 07	July 07	Aug 07	Jan 05 to Aug. 07
Midnight Mission	331	10	23	19	5	11	12	11	38	35	30	13	538
SRAT	450	0	0	4	0	0	5	0	3	2	4	0	468
URM	124	7	5	9	7	3	13	10	13	29	20	6	246
Weingart	182	1	0	0	0	0	0	0	0	0	0	0	183
Totals	1087	18	28	32	12	14	30	21	54	66	54	19	1435

Based on the data since January 2007, the number of families encountered during the early and late hours at the missions is small (3 families from 6-7 a.m., 10 families from 7-8 a.m., 5 families from 5-6 p.m., and 0 families from 6-7 p.m.) As a result, we plan to modify the hours for the team as shown below. Additionally, the number of new families encountered this year has decreased. However, the number of families encountered between January 2007 through

August 2007 seems to reflect the public's knowledge about the available Section 8 housing vouchers through a referral to the Skid Row Demonstration Project (SRDP). Accordingly, as the availability of vouchers dropped off in August, so did the number of families encountered.

In addition to the above new families encountered by SRAT during the last twelve months, the SRAT provided more than 2300 episodes of service to families. These services are documented in the Permanent Housing Assistance Services database. Family services may include the following: referrals for counseling to address domestic violence, substance abuse, or mental health issues; linking the family to an outside resource such as a food or clothing bank; referrals to a housing locator through the Weingart Center or Beyond Shelter; providing a support service; completing an assessment; creating an individualized housing and services plan; and referring the family for and/or completing an assessment to address specific mental health, physical health, or child abuse issues.

### Skid Row Demonstration Project

On December 18, 2006, the contract between the County and Beyond Shelter was signed. On January 18, 2007, Beyond Shelter began accepting referrals from the SRAT into the SRDP. The following table, covering the period of January through August 2007, reflects some of the activities on SRAT referrals to Beyond Shelter.

Total Referrals for Emergency Housing	Families Placed in Hotels	Families Placed in Shelters	Families Referred but did not show up for assistance	Families in a subsidized program	Families Declining Emergency Shelter	Families with Special Needs	Intensity of Service Needs - Families with Special Needs			
							High	Moderate	Low	Pending/ In the Assessment Process
290	220	31	6	17	16	146	165	53	56	16

Please note that the number of families with special needs may change as the assessment between Beyond Shelter and the family evolves. The Intensity of Service Needs may also change as new information is factored into the assessment of the family.

Between the dates of January 18, 2007 and August 31, 2007, 290 families were enrolled into the Demonstration Project. These included 207 families referred directly to the Skid Row Assessment Team, 58 families referred from the Beyond Shelter backlog of Skid Row families who were provided emergency services in the Summer and Fall of 2006, and 25 families who came to Beyond Shelter's offices directly from Skid Row. Of these 290 families, 220 were relocated into hotels outside the Skid Row area within 24 hours of program entrance, 31 were relocated into emergency shelters outside Skid Row, 6 were referred by the SRAT but did not show up for assistance, 17 were sheltered through subsidized housing assistance programs funded through DPSS, and 16 families declined relocation outside Skid Row.

During the second quarter of the project, a major challenge emerged. This involved unforeseen expenditures for hotel vouchers. A number of contributing factors were identified, including: the scarcity of vacancies in the shelter care system; the additional time required to address the

families special needs before referral to the Housing First Program; difficulties in obtaining necessary documents such as birth records, employment and income verification; and delays in the processing of Section 8 applications with the Housing Authority of the City of Los Angeles. The SRAT is working closely with Beyond Shelter, the Chief Executive Office, the Housing Authority of the City of Los Angeles, and the Department of Public Social Services to overcome the identified challenges. It is currently taking approximately 35 weeks to process a family from Emergency Shelter through Permanent Placement into their own home.

Your Board Deputies have been progressively informed about the activities of the SRAT and the challenges with SRDP. As agreed, we have continued to submit monthly reports. Each report has included a Monthly Report on Skid Row Outreach Strategies, the Homeless Questionnaire Summary, and three case summaries of families assessed by the team. They have also received the First Quarter and 6-month reports on the SRDP. The Third Quarter report is due shortly and will be forwarded to all Deputies.

### **Skid Row Project and Protocols**

In September 2006, the Skid Row Project Protocols and Procedural Guide was developed. A Memorandum of Understanding (MOU) was developed and submitted to the Board for approval. This MOU was created to address the following:

1. To formalize a working agreement between the Departments participating in the Skid Row Family Outreach Team (SRFOT).
2. The plan to expand services to Skid Row homeless families.
3. The plan to include on-going case management services.
4. The plan for system navigation preventive services.
5. The role of DCFS as the lead agency.
6. The plan to include contract agencies providing services to identified homeless families.
7. The plan to include the services by Beyond Shelter through the SRDP.
8. The role of DCFS with the contract agencies.

As a part of the Board motion and countywide Homeless Prevention Initiative (HPI), the SRDP was funded. This included one-time funds for a contract between the County of Los Angeles and Beyond Shelter along with funds for temporary staffing for DCFS, which serves as the program director and manager of the project.

The Protocols included the countywide expansion of services through the use of existing contract agencies involved with DCFS and the Department of Mental Health (DMH). When appropriate, families living on Skid Row were to be relocated into available housing throughout Los Angeles County.

Services to these families would be provided by contract agencies including family preservation agencies, family support agencies, other community based service agencies and Beyond Shelter. These agencies were to be monitored for quality services through the allocation of 8 Children's Services Administrators who would be located in each Service Planning Area. Further, the SRAT's Downtown Mental Health staff was to provide countywide services through the use of co-located staff at each DCFS office.

Unfortunately, the countywide expansion of services to homeless families did not materialize this year. This was the result of scarce community resources, SRDP program needs, hiring delays, and funding limitations. Homeless services through existing agencies including shelters, transitional housing programs, family preservation and family support agencies remained scarce. As a result, the relocation of homeless families through the Homeless Case Managers on the SRAT remained slow. With the December 2006 onset of the County contract with Beyond Shelter, a new housing resource through the SRDP became the focus of referrals.

In November of 2006, a full-time manager was retained to oversee the SRDP. The following month, DCFS began hiring the first of eight Children's Services Administrators (CSAs). DCFS planned to expand the staff as the number of families relocated into permanent housing across the county grew. This hiring plan would ensure the retention of staff according to the needs of the program while building cost savings into the program.

In April of this year, it became apparent that the contract agency, Beyond Shelter, was unable to meet the required 12-week timeline to permanently place families into homes across the County. While DCFS was prepared to hire additional staff, it was clear that there wouldn't be enough referrals to justify the staff.

Since January 2007, two CSAs have assisted in monitoring the SRAT contract. As directed in the contract, the CSAs provide contract monitoring services for Beyond Shelter to ensure the organization carries out all activities outlined in the service plan given to each homeless family. These CSAs are an extension of the SRAT. They provide assistance with referrals to the DCFS hotline when additional child protection case management services are needed. The CSAs also work collaboratively with Beyond Shelter. They monitor contract services and also liaise with other departments to coordinate the assistance needed by homeless families.

As a homeless family transitions to a new location, it is monitored by Beyond Shelter which ensures that the family is familiarized with the new community and is linked to its resources. The family is monitored by the CSA's via random case reviews and client satisfaction surveys. These surveys seek to ensure the family receives the following:

- a) Regular visitation to both assess their progress and ensure that they and the local supportive network agencies are in compliance with all aspects of the service plan.
- b) The coordination of homeless assistance services through the assessments of DPSS Homeless Case Managers countywide.
- c) Assistance in obtaining food, clothing, and transportation.
- d) Assistance in obtaining the documentation necessary to receive financial or job assistance.
- e) Assistance in locating an appropriate healthcare facility for children and adults.
- f) Assistance in obtaining prior educational records necessary to enroll children in school.

- g) Assistance in locating available mental health services via the Community Assessment and Service Centers.

## **Conclusions and Recommendations**

DCFS and the Departments of Public Social Services (DPSS), Public Health (DPH), and Mental Health (DMH) remain committed to attaining the goals of assuring child safety, providing county services to eligible families and enforcing the Board's zero tolerance policy for families on Skid Row.

A review of the year indicates that the SRAT has made a significant and positive impact in meeting the needs of families on Skid Row. We have served 343 new families and hundreds of additional families already known to the SRAT. With the implementation of the contract in January 2007 between Beyond Shelter and the County of Los Angeles, we have relocated approximately 290 families out of the Skid Row area and into temporary housing. Of these families, 135 have submitted applications into Section 8 Housing with the Housing Authority, City of Los Angeles, planting them firmly on the path toward permanent housing.

A review of the year also brings to light significant challenges. We have observed a consistent flow of families seeking services in Skid Row. A sampling of 156 Section 8 applications to the Housing Authority of the City of Los Angeles from the SRDP indicates that the majority of families are first encountered at the Midnight and Union Rescue Missions and through walk-ins at the Beyond Shelter office. Of these families, most come from Supervisorial Districts 1 and 2. We have also found families coming into Skid Row from six other states and six California counties. The constant flow of families from Los Angeles, as well as from other counties and states seeking services on Skid Row may be an indicator that the problem of homelessness is growing and is at an epidemic proportion.

The SRAT continues to make a significant impact in Skid Row as evidenced by the number of families encountered. We are dedicated to ensuring that every family is evaluated for eligibility of County services through the DMH, DPH and DPSS, and DCFS. Our impact and ability to assist homeless families in overcoming the obstacles to permanent housing, however, is limited by the unavailability of adequate resources.

Based upon this year in review, the following changes will be implemented to ensure flexibility in the SRAT operations unless otherwise instructed by the Board:

1. The protocols for Skid Row will be modified according to the reality of current daily practices. Please refer to the attached modified protocols.
2. The Skid Row protocols will remain in effect in the Skid Row area. The protocols will not be applied countywide at this time.
3. The nine temporary staff approved on 9/26/06 will be reduced as follows:
  - a. One full-time Program Manager at the level of a CSA III or equivalent.
  - b. Two full-time Children Services Administrator I's.
  - c. One Secretary III.

4. The SRAT Program Manager will adjust the hours of operation for the SRAT according to the time periods in which homeless families are encountered by the SRAT. This would likely result in the following modifications:
  - a. DPSS staff will be at the Midnight Mission from 7:00 a.m. – 6:00 p.m., and at the Union Rescue Mission from 8:00 a.m. – 6 p.m.
  - b. DPSS staff will no longer be co-located at the Weingart Center where the SRAT has not encountered families for many months.
  - c. The SRAT Roving team will adjust their outreach to the peak periods in which the families are encountered and assist with assessments and screenings, follow-up visits and emergency transportation as needed.
  - d. DCFS Emergency Response Command Post after-hours staff will no longer patrol the streets in the evenings and weekends, but be available to the Missions for phone consultations via telephone calls to the Child Protection Hotline and ERCP after-hours teams.
5. The SRAT Program Manager will make adjustments in SRAT staffing according to the need. The staffing reassignments will be made within existing allocations. For example, based upon the scarce resources, additional time is required for the DPSS Homeless Case Managers (HCM) in efforts to assist the Homeless Families. The HCM currently on the SRAT Roving Team will be switched with an Eligibility Worker co-located in the Mission to provide the needed support to the co-located HCM's.
6. The SRAT staffing will be increased as needed. Effective January 2008, the number of Mental Health clinicians will be increased from one to three. Further, consideration will be given to the collocation of DMH staff at both URM and MM.
7. DCFS will keep the Board apprised of the SRAT activities and update as to the SRDP through quarterly reports to the Board Deputies. These reports will include information on families encountered and updates on the SRDP.

The growing problem of homelessness for families will be addressed further as part of the Homeless Prevention Initiative (HPI). The additional recommendations on serving homeless families will be included in the HPI report expected to be submitted to your Board in November 2007.

If you have any questions or require additional information, please contact me, or your staff may contact Armand Montiel at [montia@dcfs.lacounty.gov](mailto:montia@dcfs.lacounty.gov), or (213) 351-5530.

PSP:SK  
TR:vm

c: Chief Executive Officer  
County Counsel

Attachment

# SKID ROW PROJECT PROTOCOLS AND PROCEDURAL GUIDE

## I. DEPARTMENT OF CHILDREN AND FAMILY SERVICES - SRAT

### A. DCFS SKID ROW ASSESSMENT TEAM

As the team leader, DCFS Skid Row Assessment Team Children Social Workers will take responsibility to coordinate the efforts of the team and refocus their efforts to ensure that first and foremost each member of the teams is assessing Child Safety. DCFS will develop a training curriculum and provide Child Safety and Risk Assessment training to all collaborating Departments within and outside of the Skid Row area providing services to homeless family's population. All Skid Row Assessment Team staff will be trained on the identification of child abuse and neglect risk factors and each are expected to contribute to the completion of a comprehensive assessment of the family's strengths and needs. In addition, each team member will participate in the development of a comprehensive plan of services to mitigate any factors that pose a significant risk to the child's health and well-being. These factors will include the impact to the child of living in an environment that is detrimental to the health and safety of children, such as the SKID ROW area.

As part of the assessment process, DCFS will work with each respective member of the team and assist in the development of a coordinated service plan for each of the homeless families. The DCFS staff assigned to the Skid Row area on the SRAT team and on-site at the Missions will be available to consult as needed, but **EACH MEMBER of the team will continue to perform their duty as a mandated reporter and initiate telephone contact with the DCFS Child Abuse Hotline at 1-800-540-4000, as deemed appropriate.**

The Skid Row Assessment Team consists of four members:

- One from the Department of Children and Family Services (DCFS)
- One Homeless Case Manager (HCM) from the Department of Public Social Services (DPSS) – (Bilingual).
- One staff from Department of Mental Health (DMH),
- One PHN from Department of Public Health available for consultation

In conjunction with DMH and the DPSS Homeless Case Manager, the Assessment Team will seek out families on the streets, in the shelters, and in temporary hotels, and will engage other service providers in the area. When families with children are encountered, **EACH MEMBER** of the team will assess for child safety and attempt to identify any potential risk factors.

Jointly the team will gather significant information regarding the family and circumstances that lead the family to becoming homeless and assess for any



potential risk factors that suggest that the child may be endangered due to the parent(s) limited skills or resources, or observable behavior difficulties.

In order to identify past involvement with DCFS, DPSS or DMH, DCFS will insure that each team member will complete a screening of all families through:

1. DCFS - The Child Welfare System/Case Management System (CWS/CMS)

DCFS will utilize existing laptop computers, in the event broadband access is not available, contact Skid Row SCSW by telephone to request that search of CWS/CMS be conducted at the DCFS Metro North Office.

2. DPSS - LEADER and PHASE systems

DPSS to contact DPSS out stationed Eligibility Workers (EWs) for case information/clarification on LEADER and PHASE.

3. DMH - The DMH Integrated Services (IS)

DMH to contact staff at DMH office located at 520 Maple Avenue to access the DMH Integrated Services (IS).

The DCFS SRAT member will also be available for consultations to colocated outreach staff in the Union Rescue Mission, the Midnight Mission, and to receive referrals from the eligibility staff colocated at Weingart Access Center for follow-up child safety assessments.

The DCFS SRAT member will conduct eligibility evaluations for:

1. Family Preservation/Family Support Services
2. Alternative Response Services
3. Partnership for Families (PFF) Services
4. Other services/referrals

The DCFS SRAT member will provide input to other team members regarding findings to the extent possible.

The DCFS SRAT member will update all services and referrals in PHASE.

The DCFS SRAT member will participate in the daily morning case reviews and follow – up discussions.

The DCFS Team Leader/TDM facilitator chairs these meetings. The DCFS team leader will guide the process of discussion to focus the team on identifying the strengths and needs of the family and determine the next course of action. The Team leader will coordinate the team and ensure every Department is updated on the new families encountered by the team.

If during these discussions and/or observations by the SRAT team members, it is determined that there are factors present during the assessment that threaten the immediate safety of the child:

1. One of the SRAT members will contact the DCFS Child Abuse Hotline and report a SKID ROW referral.
2. Once the referral is assigned to a DCFS field emergency response CSW, the CSW will contact the DCFS SRAT team member to obtain additional information on the history and current location of the family.
3. The DCFS field emergency response CSW conducting the child abuse investigation of the family will determine if it is safe to leave child with parent with appropriate short-term safety interventions.
4. The DCFS field emergency response CSW will also ensure that any mitigating interventions are implemented and documented in a safety plan.
5. A TDM may be scheduled for the family by the field emergency response CSW. Scheduling will be dependent on whether or not an immediate detention is required.

On going case management services will be provided by either the DCFS field office social worker (open child protection cases) OR Beyond Shelter (non-child abuse cases) and the other County and Community service providers.

As the family is transitioned outside of Skid Row by Beyond Shelter, the DCFS team member of the SRAT will also coordinate with the respective DCFS field offices to assist in the transfer of the services to the appropriate geographical service area.

## **B. DCFS CO-LOCATED STAFF ON SKID ROW**

DCFS has now collocated one Children Services Worker (CSW) at the Union Rescue Mission and one in the Midnight Mission.

The duties and responsibilities of the DCFS staff collocated at the Union Rescue Mission and the Midnight Mission is as follows:

1. In conjunction with DPSS EW's and Homeless Case Managers will seek out new arrival families in each mission. When families with children are encountered, a joint assessment will begin. In addition, EACH MEMBER of the team will assess for child safety and attempt to identify any potential risk factors.
2. In conjunction with DPSS EW's and Homeless Case Managers on site will gather significant information regarding the family including the circumstances that lead the family to becoming homeless. The team then will assess for any potential risk factors that suggest that the child may be endangered due to the parent(s) limited skills or resources, or observable behavior difficulties.
3. In order to identify past involvement with DCFS, DPSS or DMH, DCFS will insure that each team member will complete a screening of all families through:
  - a. DCFS - The Child Welfare System/Case Management System (CWS/CMS)

DCFS will utilize existing laptop computers, in the event broadband access is not available, contact Skid Row SCSW by telephone to request that search of CWS/CMS be conducted at the DCFS Metro North Office.
  - b. DPSS - LEADER and PHASE systems

DPSS to contact DPSS out stationed Eligibility Workers (EWs) for case information/clarification on LEADER and PHASE.
  - c. DMH - The DMH Integrated Services (IS)

DMH to contact staff at DMH office located at 520 Maple Avenue to access the DMH Integrated Services (IS).
4. The DCFS collocated staff member will conduct eligibility evaluations (when appropriate) for services through:
  - Family Preservation/Family Support Services
  - Alternative Response Services
  - Partnership for Families (PFF) Services
  - Other services/referrals
5. The DCFS collocated staff member will provide input to other team members regarding findings to the extent possible.
6. The DCFS collocated staff member will update all services and referrals in PHASE.

7. The DCFS collocated staff member will participate in the daily morning case reviews and follow – up discussions.
8. If during these interviews and/or observations by the collocated staff team members, it is determined that there are factors present during the assessment that threaten the immediate safety of the child:
  - a. The collocated staff will contact the DCFS Child Abuse Hotline and report a SKID ROW referral.
  - b. Once the referral is assigned to a DCFS field emergency response CSW, the CSW will contact the DCFS collocated staff team member to obtain collateral information on the history and current location of the family.
  - c. The DCFS field emergency response CSW conducting the child abuse investigation of the family will determine if it is safe to leave child with parent with appropriate short-term safety interventions, (no more than 30-day duration or completion of the initial investigation).
  - d. The DCFS field emergency response CSW will also ensure that any mitigating interventions are implemented and documented in a safety plan.
  - e. A TDM may be scheduled for the family by the field emergency response CSW. Scheduling will be dependent on whether or not an immediate detention is required.
9. If a DCFS case is opened, on going case management services will be provided by the DCFS field office social worker (open child protection cases). If a DCFS case is not opened and the family is accepted into the Skid Row Demonstration Project, Beyond Shelter will provide case management to the homeless family.
10. If the family is appropriate for referral to the Skid Row Demonstration Project, Beyond Shelter Case Managers will transition the family outside of Skid Row, and provide case management services for a period of six months after the family is placed in permanent housing.

### **C. ON-GOING CASE MANAGEMENT SERVICES**

The Department of Children and Family Services has seventeen (17) offices located throughout the County representing each of the eight (8) established Service Planning Areas (SPA). On-going case management services will be provided by the case carrying DCFS Children's Social Worker for those families in which DCFS cases are opened per current DCFS policy.

#### **D. INITIATION OF A CHILD PROTECTIVE SERVICES INVESTIGATION**

For those families in which it is determined by the SRAT and/or collocated staff members that there are factors present during the initial encounter and child safety assessment that threaten the immediate safety of the child, a referral to the DCFS Child Abuse Hotline will be generated. The referral will be designated as a high priority SKID ROW referral and assigned consistently with existing DCFS hotline protocols to one or more of the existing DCFS field offices for an expedited emergency response.

1. A DCFS field Emergency Response CSW will be dispatched from the DCFS field office and respond to the call and initiate an intensive child abuse investigation.
2. In the event, that there is a need for immediate detention the child (ren) will immediately be removed from the care and custody of their parent in line with existing Welfare and Institutions Code 300.
3. Within two days, a TDM – a DCFS TDM facilitator from the respective office that responds to the emergency will facilitate Team Decision Meeting. All members of the SRAT and/or County Collocated Staff in the Missions will be invited to attend or the teams can elect to send a representative.
4. On-going services for the family will be provided by the respective office and tracked on CWS/CMS.
5. All DCFS staff will work jointly with members of the DPSS Homeless Case Managers and DMH assigned workers in the respective field offices to provide further assistance to the family and ensure that families are continuing to be linked to the full array of services.
6. Collaboration with Beyond Shelter and other contracted services providers will also be completed.
7. Information regarding the status of the family will be provided to the DCFS outreach workers for data entry into the PHASE database as deemed appropriate.

#### **E. SYSTEM NAVIGATION PREVENTATIVE SERVICES**

For families assessed where there is no immediate need for child protective intervention, the homeless family will be referred to community based contracted service providers (Beyond Shelter, Family Preservation, Alternative Response, and Partnerships for Families agencies). It is the responsibility of these contracted service providers to provide the direct service and on-going case management to the children and families.

DCFS will also provide two Children's Services Administrator I level staff to provide contract monitoring services for Beyond Shelter, the agency engaged in a contract with the county of Los Angeles to serve the homeless families. The CSA's will also provide assistance with referrals to the DCFS hotline in the event that additional child protection case management services are needed.

1. Once the family is linked to the contracted agency, the Skid Row Assessment Team will relinquish responsibility for service provision to the respective agency.
2. The DCFS CSA I's will continue to work collaboratively with Beyond Shelter. They will monitor the contract services and liaison with the other county departments including the DPSS Homeless Case Managers, DMH mental health service provider, DPH and are DHS Medical HUB, area DCFS Public Health Nurses to coordinate the homeless assistance needed by the family.
3. As the family transitions to a new location, the family will receive services by Beyond Shelter case managers to insure that the family is familiarized with the new community and linked to available resources within the new community and provided housing assistance services by Beyond Shelter.
4. The family will receive the following services from the contracted agencies:
  - a) The family will be visited regularly to assess their progress and ensure that both the family and supportive network agencies are in compliance with all aspects of the service plan.
  - b) Coordination of homeless assistance services through the accessing countywide DPSS Homeless Case Managers.
  - c) Assistance in obtaining food, clothing, and transportation arrangements
  - d) Assistance for the family in obtaining necessary documentation to assist the family in obtaining financial or job assistance.
  - e) Assistance in locating a healthcare facility for children and adults.
  - f) Assistance in enrolling the children in school by obtaining prior educational records.
  - g) Assistance in locating available mental health services via the CASC's.

## **II. DEPARTMENT OF PUBLIC SOCIAL SERVICES SKID ROW OUTREACH TEAM PROTOCOLS:**

The Department of Public Social Services will continue to provide oversight of the homeless families within the Skid Row area to determine the eligibility and appropriate services for the CalWORKs homeless and at-risk family and facilitate access to services via their on site Eligibility Workers and Homeless Case Managers.

**A. The following Job Duties and responsibilities of the DPSS staff on the Skid Row Assessment Team (Roving) will be considered with the above in mind.**

1. In conjunction with DCFS and DMH, the DPSS Homeless Case Manager will seek out families on the streets, shelters, temporary hotels, and will engage with other service providers in the area. When families with children are encountered, EACH MEMBER of the team will assess for child safety and attempt to identify any potential risk factors.
2. Jointly the team will gather significant information regarding the family and circumstances that lead the family to becoming homeless and assess for any potential risk factors that suggest that the child may be endangered due to the parent(s) limited skills or resources, or observable behavior difficulties.
3. DPSS will: Ask families if they are on CalWORKs or if they need assistance with existing CalWORKs benefits. Direct families to Midnight Mission, Union Rescue Mission or Weingart Access Center to speak with collocated Eligibility staff.
4. Contact DPSS outstationed Eligibility Workers (EW's) for case information/clarification.
5. If family is not on CalWORKs and is potentially eligible, direct family to Midnight Mission, Union Rescue Mission, or Weingart Access Center for eligibility determination and processing of application.
6. Once CalWORKs eligibility has been established, provide bus tokens to family so they can travel to the Metro Family district office for final disposition and benefit issuance.
7. Screen family for domestic violence and substance abuse.
8. Refer family to DPSS Homeless Case Manager for in-depth assessment.
9. Determine the need for emergency shelter and other services. Make arrangements for placement in emergency shelter.
10. Update all benefits and referrals in PHASE.

11. Participate in daily morning case reviews and follow-up discussions.

## **B. DPSS COLLOCATED STAFF ON SKID ROW**

In addition to the SROT, DPSS has collocated Eligibility Workers and Homeless Case Managers at the Weingart Access Center, the Midnight Mission, and the Union Rescue Mission. Their duties and responsibilities are as follows:

Eligibility Workers:

1. All initial interviews with families encountered within the missions, shelters, will be conducted jointly with a DCFS collocated staff person to ensure that a comprehensive evaluation and child safety assessment is done immediately for all families encountered.
2. DPSS staff may conduct secondary interviews as needed to complete the necessary eligibility and delivery of benefits, as deemed appropriate.
3. Jointly the team will gather significant information regarding the family and circumstances that lead the family to becoming homeless and assess for any potential risk factors that suggest that the child may be endangered due to the parent(s) limited skills or resources, or observable behavior difficulties.
4. Receive referrals from the SRAT, walk-ins, and other shelters and missions.
5. Assist families with the CalWORKs application process for new intakes and in resolving case issues on existing cases.
6. Determine eligibility for homeless assistance.
7. Work with Midnight Mission, Union Rescue Mission or the SROT to provide emergency shelter to the family if application/benefit issuance cannot be processed on the same day or if the family has exhausted all homeless benefits.
8. Refer skid row families to the HCMs assigned to skid row.
9. Conduct sweeps of the lobby areas, hallways, courtyards at different times of the day to seek out families in need of services.
10. Issue tokens to families for emergency transportation as needed.
11. Update all benefits and referrals in PHASE.
12. Participate in daily morning case reviews and follow-up discussions.



### **C. DPSS HOMELESS CASE MANAGEMENT FOR CalWORKS FAMILIES**

DPSS has allocated Homeless Case Managers throughout each of their 24 field offices and has another 3 stationed on Skid Row.

Homeless Case Management is a **voluntary** program for families who are homeless or at-risk of homelessness. The primary goal of the HCM is to provide quality services in the most efficient and effective manner to CalWORKS homeless and at-risk families with multiple complex needs to help the family secure permanent housing and otherwise fulfill its potential. The Homeless Case Management method rests on a foundation of professional training, values, knowledge, theory, and skills used in the service of attaining goals that are established in partnership with the homeless and at-risk family. Such goals include:

1. Assisting families who are homeless or at-risk of being homeless to obtain and retain stable housing.
2. Enhancing developmental, problem-solving, and coping capacities of the homeless and at-risk family;
3. Conducting assertive, community-based outreach;
4. Establishing nurturing, trusting, and caring relationships with the homeless and at-risk families;
5. Respecting client autonomy;
6. Prioritizing family self-determined needs; and
7. Linking and providing the families with active assistance to obtain needed resources.

The duties and responsibilities of the HCM consist of a three-part approach. Additionally, the HCM will perform (when feasible and as time permits) other duties and responsibilities.

#### **Part I Intake and Assessment/Crisis Intervention and Stabilization**

During the initial contact with the family, the HCM's focus is on helping the family secure emergency/temporary shelter, conducting an assessment, and identifying/resolving any issues involving the family's CalWORKS benefits. To pursue these objectives, the HCM engages in the following specific activities:

1. Conducts an interview with the applicant/participant to assess the family's needs (includes completing the DPSS Homeless Questionnaire on PHASE).

2. Makes a referral to the Child Abuse Hotline if the HCM suspects child abuse or neglect.
3. Acts as an advocate between the homeless family and the case-carrying Eligibility Worker and GAIN Services Worker to ensure the family receives all benefits to which the family is eligible (includes a review of the case on LEADER and GEARS to resolve any CalWORKS/GAIN issues, for example, CalWORKS penalties or GAIN sanctions).
4. Monitors compliance with scheduled eligibility and/or GAIN appointments. Reports failure to keep any eligibility and/or GAIN appointments to DCFS within one day.
5. DPSS will make referrals and work closely with their contracted housing locators. The contractors will provide all management/administration services to place eligible homeless CalWORKS families with various special needs in affordable permanent rental housing.
6. Works with teen parents who are homeless to resolve any issues regarding participation/compliance with the Cal-Learn program.
7. Assists the family in locating temporary shelter (Emergency Shelter Program with LAHSA) or referrals to affordable motels/hotels.
8. Assists the family with transportation (tokens/daily passes/cash) to travel to temporary shelter or motel/hotel.

## **Part II     Permanent Housing**

During the second and subsequent contacts, the HCM's focus is on helping the family secure permanent housing. The HCM reviews the living situation of the applicant/participant, and, if the family is in a stable temporary living situation, the HCM:

- Works with the family in partnership to develop an individualized housing plan toward moving the family into permanent housing (includes identifying barriers, setting goals to address the barriers, making appropriate referrals to services which will meet the complex needs of the family, monitoring the delivery of services, referral to the Housing Locator (when the contracts are implemented), continued case management while the family is in the process of finding permanent housing.
- Advocates for the family with the Eligibility Worker and the GAIN Services Worker to ensure the family receives all permanent housing/moving assistance benefits to which the family is entitled.
- For families on Skid Row, once the Beyond Shelter program is implemented will refer to Beyond Shelter to assist the family in locating permanent housing and work closely with the case managers from Beyond Shelter to meet the needs of the family.
- For Skid Row families, Beyond Shelter is trying to intervene very early, almost upon initial contact, when the family is seeking emergency shelter. For the 14-16 day period, for example, some families were Skid Row hotels. Beyond Shelter would assist them in finding a better option. For the families needing immediate shelter, including those in short term stays at URM, Beyond Shelter would assist them out of Skid Row that day or within 24 hours, first to a hotel, and then to a shelter, in most cases.
- DPSS will make referrals and work closely with the Housing Locators, once those contracts are implemented. These contractors will provide all management/administrative services to place homeless CalWORKs Welfare-to-Work (WtW) families with various special needs in affordable permanent rental housing for eligible families.

### **Part III Ongoing Homeless Case Management**

The HCM provides up to six months of case management services to the family from the time of the HCM referral date. These services may be extended until six months after the family secures permanent housing. Therefore, case management services are provided while the family is seeking permanent housing (concurrent with Part II) and after the family has secured permanent housing.

### **III. DEPARTMENT OF MENTAL HEALTH – SRAT**

In conjunction with DCFS and DPSS, DMH will seek out families on the streets, in shelters, and in temporary hotels, and will engage with other service agencies in the area. When families with children are encountered, EACH MEMBER of the team will assess for child safety and attempt to identify any potential risk factors. The DMH Clinician will arrange for and/or complete the initial Mental Health assessment for the families encountered. In addition, the DMH clinician is responsible for keeping regular contact with the client, working towards stabilizing the mental health status of the client, preparing each client's treatment plan, and assisting in the placement of each client in more permanent living arrangements within established timeframes. The clinician also must keep all participants in DCFS and DPSS abreast of the progress that is being made with the client and any need for extension of service or increased level of risk to the child(ren) in their care.

The roles and responsibilities of the DMH Clinicians will be as follows:

1. Jointly with the team, will gather significant information regarding the family and circumstances that lead the family to becoming homeless and assess for any potential risk factors that suggest that the child may be endangered due to the parent(s) limited skills or resources, or observable behavior difficulties.
2. Be available to conduct mental health screenings at: DMH, in the field, or anywhere else in the community with the goal of seeing all Skid Row Project families as identified by SRAT and referred by co-located staff.
3. Run client information in DMH Integrated Services (IS) to check for history of local mental health treatment.
4. Complete mental health screening tool.
5. Obtain release(s) to share selected Protected Health Information (PHI) with SRAT members and other participating agency co-located staff as well as for PHASE database.
6. Be available for consultation to other participating agency SRAT staff.

7. Provide input to other team members regarding findings of the screening and recommend disposition of case (with signed consent for release of information.
8. Provide assertive engagement and follow-up for families with identifiable mental health services needs.
9. Update all services and referrals in PHASE, utilizing agreed upon language:
  - No mental health/other evidence indicating parent unable to provide care and custody for their child(ren); or
  - No mental health/other evidence indicating parent unable to provide care and custody for their child(ren) if certain conditions are met; Clinicians will indicate other factors or conditions in description section of PHASE.
10. Participate in daily morning case reviews.
11. Coordinate services for clients in clinics outside of Skid Row, once they are moved into transitional housing and ensure that clients are connected to services, ensuring continuity when they are placed in permanent housing.

## **ON-GOING MENTAL HEALTH CLINICAL AND CASE MANAGEMENT SERVICES –**

As families are transitioned out of the Skid Row area, the Downtown Mental Health Center SRAT staff will assist in coordinating on-going services with the family by providing linkage and seamless transition to identified mental health providers in the area where the family is permanently housed. The mental health needs of all members of the family will be considered and addressed. The role and actions to be taken by DMH staff providing referral and ensuring linkage for on-going mental services are:

1. Screen and assess children and youth identified with mental health issues, including through the TDM and RPRT process.
2. Assist in determining the services needed by a client and family through assessment and evaluation;
3. Link children and families to the appropriate level of mental health services in a timely manner;
4. Coordinate and navigate across Service Area/SPA, Departmental and Agency boundaries to ensure children and families have access to an appropriate level of mental health services to meet their individual needs;
5. Provide clinical consultation regarding specific case issues presented by the CSW;
6. Activate and coordinate services with the Psychiatric Mobile Response Teams (PMRT) when warranted; assist in providing crisis intervention and LPS assessment as needed;

7. Provide short-term therapeutic intervention when there is an immediate need to support a child, youth or family at risk of placement disruptions and hospitalizations. This support will be maintained until the client is successfully linked to ongoing mental health services.
8. Participate in Regional Placement Review Teams (RPRT), Team Decision-Making (TDM), Family Group Decision Making and other DCFS case planning processes initiated by DCFS.
9. As resources permit, accompany DCFS staff on field visits (e.g., home & school visits) to provide mental health consultation services.
10. Assist DCFS staff to develop and/or link identified families to treatment services, support groups, self-help groups, and other relevant resources;
11. Assist in linking identified families to mental health experts who serve the newborn to five-year-old population;
12. Collaborate with DCFS staff in developing interventions to address substance abuse in families that will be referred to Family Dependency Drug Treatment Court.
13. Complete Multidisciplinary Assessment Team (MAT) referrals within three business days of detention; within ten business days of detention provide case-carrying CSW with contact information of the MAT provider and confirmation that the MAT assessment has begun.
14. Participate in DCFS office General Staff and/or Unit meetings as needed;
15. Participate in special community-based meetings and provider meetings as it relates to the needs of the youth and families; and
16. Share and educate DCFS staff regarding relevant DMH policies and procedures.

#### **IV. DEPARTMENT OF PUBLIC HEALTH – SRAT**

A. DCFS, DMH and DPSS, seek out families on the streets, hotels, and other service providers in the area. When families with children are encountered, EACH MEMBER of the team will assess for child safety and attempt to identify any potential risk factors. The DPH Public Health Nurses will arrange for and/or complete the initial Health assessment for the families encountered. In addition, the Public Health Nurse is responsible for keeping all participants in DCFS, DMH and DPSS abreast of the progress that is being made with the client and any need for extension of service or increased level of risk to the child(ren) in their care. The roles and responsibilities of the DHS Public Health Nurses will be as follows:

1. Jointly with the team, will gather significant information regarding the family and circumstances that lead the family to becoming homeless and assess for any potential risk factors that suggest that the child may be endangered due to the parent(s) limited skills or resources, or observable behavior difficulties.

2. Be available to arrange health screenings at: DPH, DHS, in the field, or other designated medical care center in the Skid Row area or local community.
3. Complete any health services screening tool.
4. Obtain release(s) to share selected information with SRAT members and other participating agency collocated staff as well as for PHASE database.
5. Be available for consultation to other participating agency collocated Skid Row Assessment team staff in regards to health matters.
6. Provide input to other team members regarding findings of the screening and recommend disposition of case (with signed release of information).
7. Provide assertive engagement and follow-up for families with identifiable health services needs.
8. Update all services and referrals in PHASE.
9. Concurrence with DCFS's assessment of the child risk will be entered into the PHASE data base and communicated to the team by the inclusion of the following statement: "At this time, there is no evidence of child abuse or neglect to support a child protective services referral".
10. Participate in daily morning case reviews and follow-up discussions.
11. Refer cases to DCFS case workers to coordinate services for clients in clinics outside of the Skid Row area, once they are moved into transitional housing with assistance of their local DCFS PHNs. DCFS PHN's will ensure that clients are connected to services yet again once they are placed in permanent housing.

## **V. THE DEPARTMENT OF PUBLIC HEALTH (DPH) ALCOHOL AND DRUG PROGRAM ADMINISTRATION (ADPA)**

The Department of Public Health (DPH) Alcohol and Drug Program Administration (ADPA) will provide oversight of the homeless families within the Skid Row area by arranging for drug and alcohol assessment and treatment services for families who are referred by DMH or DCFS. In order to provide these services DPH/ADPA will utilize the services of the Community Assessment and Service Center (CASC) with which it contracts.

- A. ADPA currently contracts with eight community-based organizations with multiple sites in the County Planning areas. The CASC's are the entry points for citizens seeking alcohol and other drug treatment and recovery services. The CASC's works closely with a network of ADPA contracted alcohol and drug treatment agencies and provide referrals on a wide variety of supportive services. These supportive services include job development, literary training, referral to food banks, and other needed services.
- B. ADPA and all County partners acknowledge that the assessment is a dynamic process and for all cases referred to ADPA/CASC, the assessment of the primary substance abuse treatment needs of the parent and/or child

would continue to be weighed by ADPA/CASC's service provider. ADPA/CASC's service provider will also be responsible for assessing the suitability of the parent's ability to provide proper care and supervision of their child (ren) given their current status of recovery at the time of face to face assessment. ADPA/CASC service providers will incorporate this responsibility into their case conference discussions with DMH or DCFS members of the Skid Row Assessment Team during the daily case conferencing sessions. This will be communicated by providing DMH and DCFS with a current status on the parent/child's compliance or non-compliance with all aspects of the alcohol or drug abuse treatment plan including but not limited to consistent participation with follow up treatment appointments and adherence to treatment plan instructions.

- C. ADPA will provide the SRAT with information about alcohol and drug programs that are funded throughout the County. In addition, as families are transitioned out of the Skid Row area, ADPA will assist DMH and DCFS in coordinating on-going services with the family by accessing the designated DMH Mental Health Unit staff in each of the designated DCFS offices.
- D. The ADPA staff will not be participating in the daily case conferencing sessions, but information obtained directly from the community based service providers will be incorporated into the daily discussions.

## **VII. Beyond Shelter SKID ROW FAMILIES DEMONSTRATION PROJECT**

In partnership with the L.A. County Department of Public Social Services (DPSS) and the Service Integration Branch of the Chief Administrative Office (CAO), Beyond Shelter will implement a 12-month demonstration in which 500 homeless families will be relocated from the Skid Row area of Los Angeles and stabilized in permanent, affordable rental housing.

In order to integrate the Demonstration Project into currently existing efforts to serve families in the Skid Row area of Los Angeles, Beyond Shelter will work collaboratively with L.A. County DPSS, DCFS and other L.A. County Departments, including regular, scheduled meetings to problem solve, strategize, and develop new protocols and systems to achieve successful outcomes.

To further support the Demonstration Project, Beyond Shelter will administer a short-term housing program and a permanent housing program providing emergency/temporary hotel vouchers, rental assistance funds, rental subsidies, and other funds to facilitate the move into permanent housing. Beyond Shelter will also master-lease and furnish approximately 50 apartments to serve as temporary housing for families with special needs, including substance abuse treatment and recovery.



## The Beyond Shelter Crisis Intervention Program

- Homeless families referred to Beyond Shelter by L.A. County Homeless Case Managers (HCMs) and the Weingart Homeless Access Center for Intake into the Demonstration Project will be relocated outside the Skid Row area into short-term housing the same day or within 24 hours (unless they choose to remain at the Union Rescue Mission or other temporary housing program until relocation to permanent housing).
- Families encountered by L.A. County and collaborating agencies after 5:00 p.m. each day or on weekends will be placed immediately into designated hotels outside downtown L.A. through a hotel voucher program operated by Beyond Shelter; when possible, DCFS and DPSS will screen and assess each family prior to placement or within 24 hours or by the next business day.
- Upon enrollment into the Demonstration Project, each family will be assigned to a Beyond Shelter Crisis Intervention Case Manager, to help determine immediate social services and short-term housing placement options.
- The Crisis Intervention Case Manager will case manage the family up to 30 days or until the family is assigned to a Housing First Case Manager.
- Approximately 40% of participant families who are not currently in a shelter or hotel voucher program outside the Skid Row area will be placed temporarily into hotels for one week, while L.A. County's Interdisciplinary Team and Beyond Shelter Crisis Intervention staff conduct further screening and assessments.
- Approximately 40% of participant families who are not currently in a shelter or hotel voucher program will be placed into short-term housing immediately, including extended stay hotels, emergency shelters and/or transitional housing, including domestic violence shelters and substance abuse treatment facilities.
- Approximately 80% of participant families will move within one week to extended stay motels, emergency shelters, transitional housing, or furnished apartments master-leased by Beyond Shelter to serve as short-term housing for families with special needs.
- Beyond Shelter Crisis Intervention Case Managers will maintain contact with DPSS HCMs to ensure the participant's ongoing participation in the program and to help coordinate services and resources provided by L.A. County programs.
- Families with high intensity service needs (which includes current substance abuse, domestic violence, or moderate to severe health and mental health needs) will be referred immediately to appropriate L.A. County or community-based resources for specialized services.

- To ensure child welfare and safety, families with substance abuse histories, psychiatric disabilities, DCFS histories, or in which children have special needs, will also be referred to Beyond Shelter's Children's Services Specialists for interventions and referrals to, or liaison with, the L.A. County Department of Children and Family Services (DCFS).

#### The Beyond Shelter Housing First Program

- All participants in the Crisis Intervention Program will be referred to Beyond Shelter's Housing First Program within two weeks of initial contact, for screening, assessment, and enrollment into the Program. (It is anticipated that of 500 referred families, a minimum of 450 will be enrolled into Beyond Shelter's Housing First Program.)
- Each family enrolled into the Housing First Program will be assigned a Housing First Case Manager, who will (1) develop an individualized Family Action Plan with the family and (2) coordinate service delivery to the family during the housing search phase of the Program and for six months after the move into permanent housing.
- In developing Family Action Plans, Housing First Case Managers will screen and assess families for low, moderate or high intensity service needs, including the special needs of children in the family,
- While participants are stabilized in temporary housing, Beyond Shelter Housing Specialists will assist each participant family to obtain permanent, affordable rental housing, with permanent housing placement for 75% of families achieved within 90 days.
- Assistance to be provided will include housing search, lease negotiation, processing of applications for Section 8 certificates and shallow rent subsidies, and in overcoming bad credit, eviction histories, and discrimination based on ethnicity, income source, gender, and homelessness.
- Once participants are relocated to permanent housing, Housing First Case Managers will assist each family in accessing basic household furnishings, enrolling their children in school, and stabilizing in their new neighborhood.
- The Housing First Case Manager will serve as the primary contact for the family with the assigned L.A. County Homeless Case Manager (HCM) in the District in which the participant family obtains permanent housing.
- The Housing First Case Manager will provide home-based case management for six full months after the move into permanent housing, to help participants improve their coping skills, become reoriented to stable living patterns, and establish links with community based resources and services.

- Participant families with high intensity service needs will be visited weekly during the first 90 days after the move into permanent housing and for a minimum of one home visit per month for the next 90 days, with phone contact weekly.
- Participant families with moderate intensity service needs will be visited weekly during the first 30 days, bi-monthly during the next 60 days, and monthly for the next 90 days, with phone contact as needed.
- Participant families with low intensity service needs will be visited monthly for 180 days (six months), with weekly phone contact for the first 90 days and thereafter as needed.
- The Housing First Case Manager will provide a variety of services, to include but not limited to money management, household management, referrals to resources and services in the community at-large and monitoring of those services.
- Families with high intensity service needs or specialized needs (including health, mental health, and substance abuse) will be referred to community-based resources and services to address those needs long-term.
- The Children's Services Specialists will provide in-home parenting education to 200 families, child abuse and neglect intervention and prevention, assistance in obtaining childcare, and referrals to address health, developmental, and other special needs of children.
- The Employment Services Department of Beyond Shelter will provide job development and job placement services to heads-of-household in non-CalWORKs families and other heads-of-household in participant families who are hard-to-employ.
- Beyond Shelter staff will provide monthly phone contact for a minimum of six months to provide follow-up, monitoring and crisis intervention for 75% of participant families who complete the six-month, home-based case management program and exit the Housing First Program.